

Who Wants to be an Acute Medic? A Survey of Junior Doctors Attitudes Towards and Beliefs Surrounding a Career in Acute Medicine

G Misselbrook & E Russell

Abstract

AIM: Survival of Acute Medicine (AM) depends on successful recruitment. Local juniors were unaware of training requirements and opportunities in AM. We conducted a survey to establish whether this was a nationwide issue.

METHODS: A survey was distributed nationally with participants responding to statements on a Likert Scale.

RESULTS: 397 responses from four deaneries were received. 50% of respondents were unaware of AM training opportunities. 20% of juniors did not know of entry requirements for training. Juniors felt that becoming a medical registrar would discourage them from careers in AM.

DISCUSSION: This study reveals poor awareness of training opportunities in AM and reluctance to pursue the medical registrar role, which is unrelated to confidence in dealing with acute medical emergencies. Promotional work will be invaluable in future workforce planning.

KEY WORDS

Acute Medicine, Careers, Junior doctors, Workforce planning

Key Points

- 22% of doctors responding to the questionnaire stated an interest in Acute Medicine and the majority enjoyed working on the acute medical unit.
- Confidence in dealing with acute medical emergencies improves with level of training but has no correlation with interest in pursuing Acute Medicine as a career.
- Perceptions of the opportunities available to trainees in Acute Medicine were poor, with few doctors having any awareness of the ability to apply for flexible training, out of programme experience or take further qualifications.
- When the doctors participating in the study were made aware that these options existed, 15% of those who previously stated little interest in the specialty stated that they were more likely to consider it in the future.
- Of those who were interested in Acute Medicine as a potential career option, 41% of them were concerned about having to be a medical registrar.
- Work on promoting the specialty and improving perceptions of the role of the medical registrar will be invaluable in future workforce planning.

Introduction

Acute Medicine is a rapidly expanding specialty in the UK and demand for consultants continues to rise. The specialty must actively encourage doctors to pursue a career in Acute Medicine to ensure its longevity and encourage further growth.

To ensure successful recruitment we must look to junior doctors for potential trainees and future consultants in Acute Medicine. We have observed a large number of misconceptions held by local junior doctors about Acute Medicine. At a recent careers event held in Norwich, junior doctors expressed surprise to find that Acute Medicine offered flexible training opportunities, development of a specialist skill, and out of programme experience. There was a lack of knowledge regarding how to pursue a career in Acute Medicine. The authors were concerned that such misconceptions, if held nationwide, would impact negatively on recruitment.

Junior doctors often lack confidence in Acute Medicine and research has highlighted newly qualified doctors' perceived lack of preparedness for dealing with acutely ill patients.¹ The management of acutely ill patients can be complex and stressful and many junior doctors report difficulty in transferring their theoretical knowledge to practice.^{2,3} We hypothesise that unpleasant or distressing experiences in managing acutely unwell patients may reduce junior doctors' confidence in Acute Medicine and deter them from considering this as a future career.

In a recent survey of current medical registrars in the UK by the Medical Workforce Unit of the Royal College of Physicians, only 48.6% of doctors were satisfied or very satisfied with their job with respect to their time on Acute Medicine units and only 49.2% would recommend medicine as a career.⁴ We theorise that the concerns raised by medical registrars has caused anxiety in medical trainees and is likely

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to impact on future applications to acute medical training.

Aims

- Investigate the attitudes of foundation doctors (FY1s/FY2s), core medical trainees and acute care common stem (ACCS) trainees (all streams), towards Acute Medicine as a potential career option.
- Review whether confidence in dealing with acute medical emergencies is associated with increased enjoyment and subsequent interest in Acute Medicine.
- Assess current perceptions of training options and benefits of Acute Medicine specialisation in this group of doctors.
- Investigate whether doctors are aware of the routes into Acute Medicine training.
- Evaluate whether explaining the training options and rewards offered by Acute Medicine to junior doctors changes their initial attitudes towards this specialty option.

Methods

An anonymised questionnaire was designed using a survey website and links were sent to all deaneries along with a covering email for junior doctors. The survey consisted of four main themes: confidence and enjoyment of acute medical emergencies, perceptions of Acute Medicine as a career, training routes in Acute Medicine and interest in Acute Medicine. A statement was made for which the participant had to answer on a Likert Scale between 1 and 10 (1 = strongly disagree, 10 = strongly agree). The participants were then shown a careers poster that was developed locally (Appendix 1) and asked if their perceptions and opinions had changed following viewing the poster.

All questionnaires were confidential and asked for no personal data besides age group, sex and stage of training. Data was downloaded from the website into spreadsheet programmes and analysis was undertaken using statistical software. Formal ethical approval and written informed consent were not required as the project was deemed to be a service evaluation (section 251 of the National Health Service (NHS) Act 2006).

Results

Of the 13 deaneries in England, three deaneries (Oxford, East of England and Mersey) sent the survey link to all foundation doctors, core medical trainees and ACCS trainees in their region. One further deanery (East Midlands) sent the questionnaire link to their core medical and ACCS trainees only. Deaneries declining to take part in the study frequently cited deanery policy on only sending out questionnaires from researchers in their own region. Two deaneries stated they were not allowed to send questionnaires to their trainees for fear that people would not fill in the

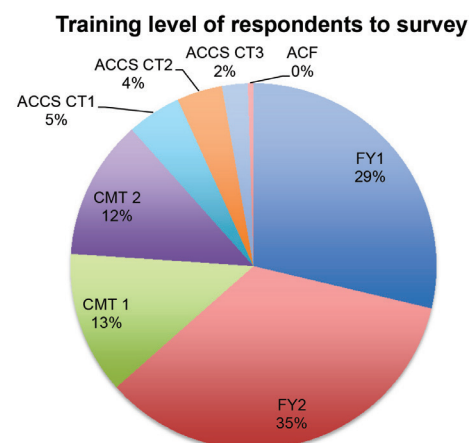


Figure 1. Training level of respondents to survey (FY: foundation year, CMT: core medical trainee, ACCS CT: acute care common stem core trainee, ACF: academic medical post).

compulsory annual General Medical Council survey of training.

Of the four deaneries that took part 397 responses were received. This equated to a response rate of 18.6% of doctors in those deaneries. Of those filling out the survey, 35.8% were male and 64.2% were female. Approximately 80% were between the ages of 23-29. Of the 397 respondents the largest group were FY2s at 35% (Figure 1), however, the response rate of those invited to take part increased with level of training (FY1 15.6%, FY2 17.7%, CMT 21.9%, ACCS 27.2%).

Confidence in Medical Emergencies

Responses to confidence in medical emergencies are shown in Figure 2. Doctors were less confident in managing neurological and cardiac emergencies and most confident in dealing with patients presenting with sepsis. Confidence increased with level of training, with ACCS trainees scoring median perceived confidence levels slightly higher than core medical trainees at the same level of training (Figure 3).

There was no correlation between confidence in dealing with medical emergencies and enjoyment of working on the acute medical unit (Spearman's Rank correlation coefficient = 0.34). There was also no correlation between confidence in Acute Medicine and interest in pursuing Acute Medicine as a career option (correlation coefficient = 0.10).

Perceptions of Acute Medicine Training

Junior doctors had poor perceptions of the possible benefits and training opportunities in Acute Medicine (Figure 4). Doctors were unsure whether Acute Medicine offered the opportunity to do further qualifications during training, allow them to do flexible training, or give them opportunity to take time out to experience other specialties during training.

Most notably, doctors perceived Acute Medicine to be a poor career choice for those wishing to have a family (median score 4, IQ range 2,5). Females felt more strongly that Acute Medicine was a poor choice for people wishing to bring up a family (Female median score 3, IQ range 2,5 v. Male median score 5, IQ range

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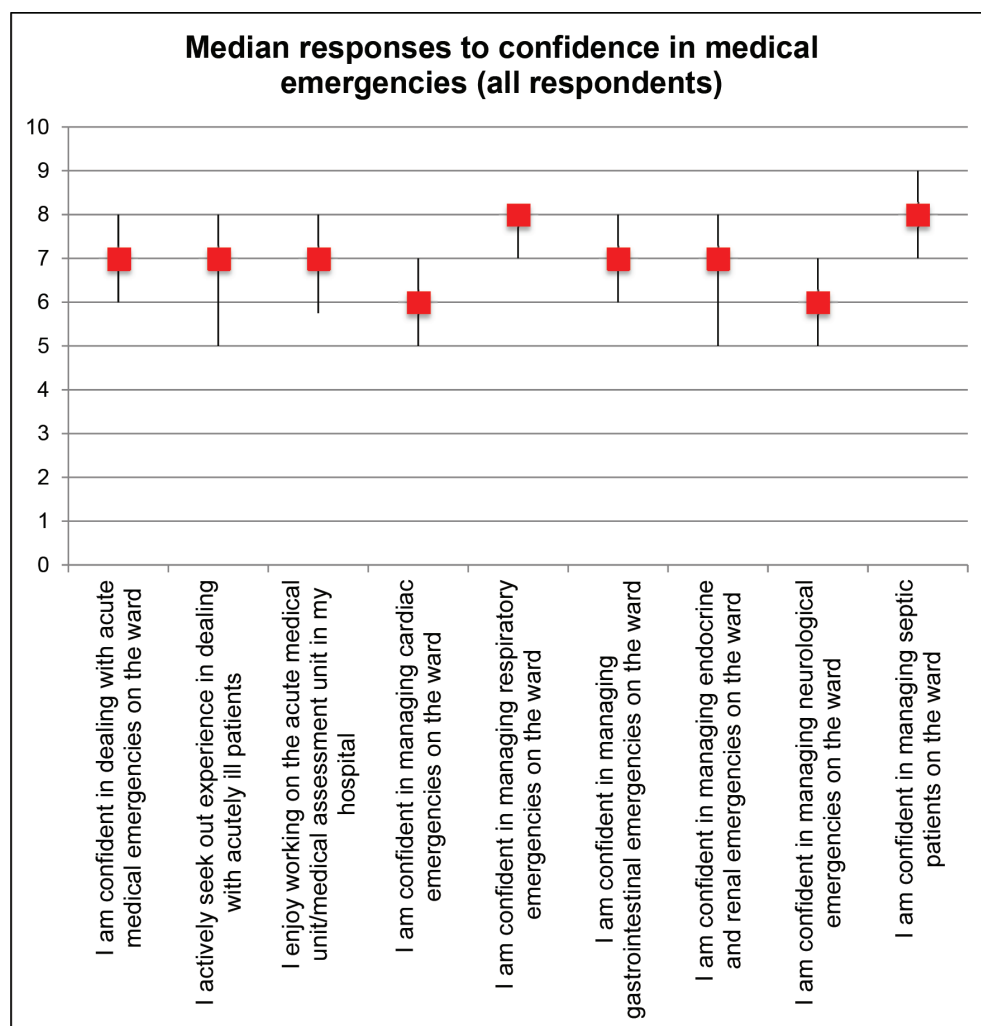


Figure 2. Median scores (red squares) with high and low interquartile ranges for all responses to questions on confidence in medical emergencies. (Likert scale 1-10: 1 = strongly disagree, 10 = strongly agree).

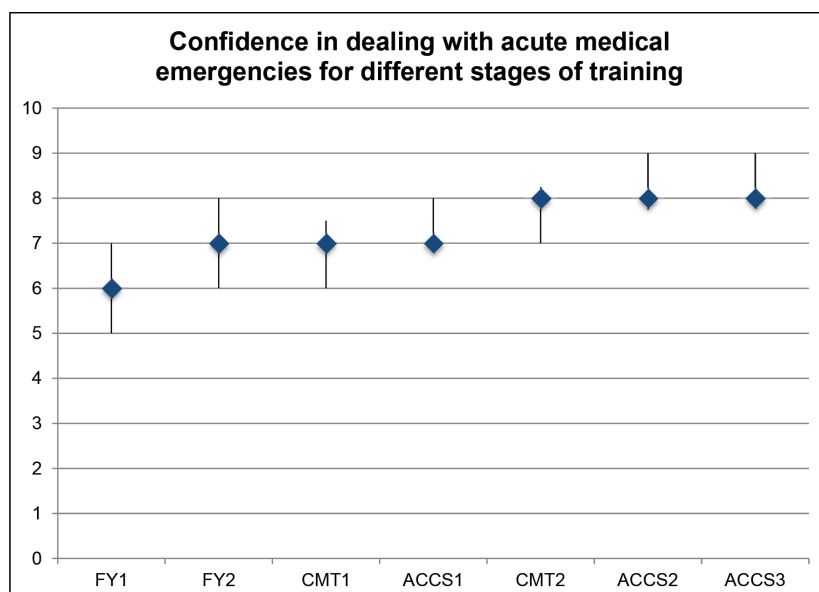


Figure 3. Median scores (blue diamonds) for different stages of training with high and low interquartile ranges for 'Confidence in dealing with acute medical emergencies' (Likert scale 1-10: 1 = least confident, 10 = most confident).

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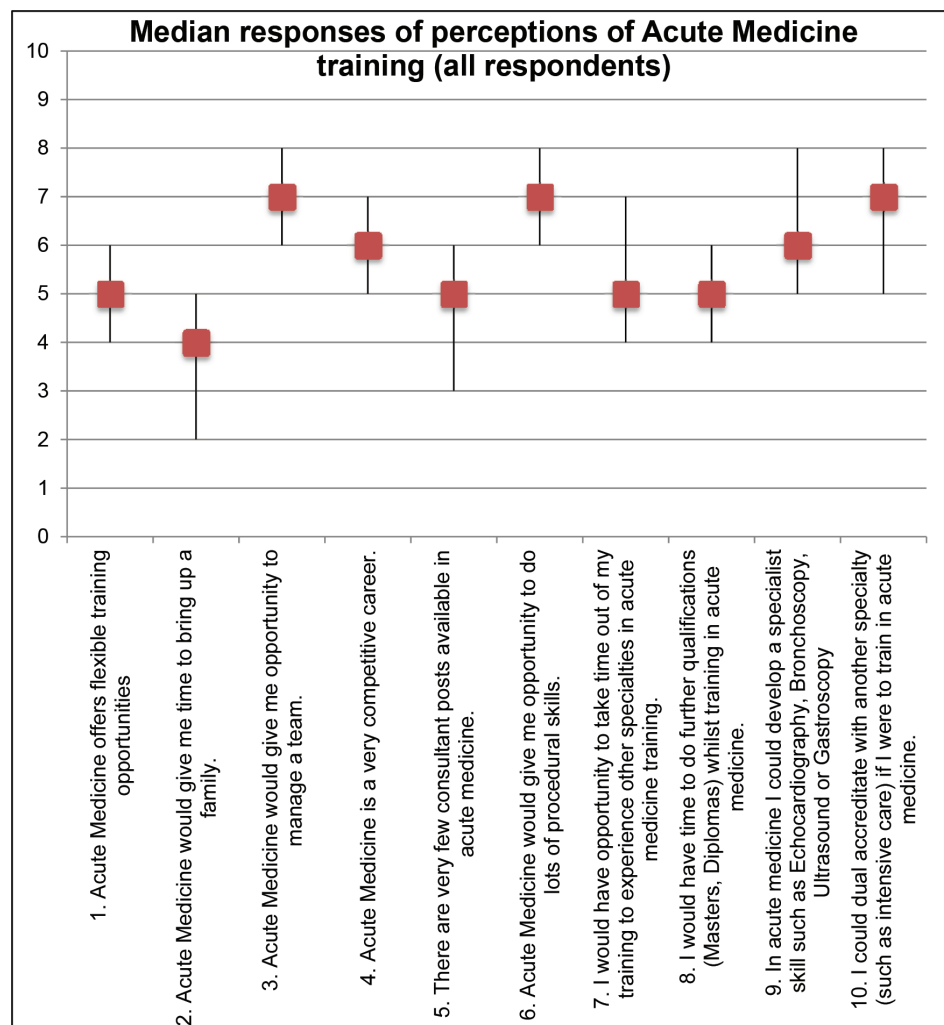


Figure 4. Median scores (red squares) with high and low interquartile ranges for all responses to questions on perceptions of Acute Medicine training. (Likert scale 1-10: 1 = strongly disagree, 10 = strongly agree).

3,6). However, responses to this statement had a low correlation with responses to likelihood to pursue a career in Acute Medicine (correlation coefficient = 0.34) suggesting that choosing to have a family was not a deciding factor. This conclusion is also supported by results that there was no difference in level of interest in Acute Medicine between male and female doctors.

Doctors agreed that managing a team was important in Acute Medicine and Acute Medicine would give them the opportunity to acquire procedural skills. The survey also suggested that junior doctors are aware of the ability to obtain dual accreditation with other specialties such as Critical Care and develop specialist skills.

Training in Acute Medicine

When foundation doctors were asked about training, 20% did not know the routes into Acute Medicine training (ACCS or CMT training programmes). Figure 5 shows the median responses for all doctors surveyed on whether they feel particular aspects of training would put them off pursuing a career in Acute Medicine. ACCS, CMT training programmes and MRCP exams did not deter people from Acute Medicine. However, results show that having to be

a medical registrar would deter them from pursuing Acute Medicine as a career.

When these results are broken down into stage of training, having to do ACCS training or CMT training does not concern foundation level doctors. There is a greater level of concern about MRCP exams among ACCS doctors than CMT doctors.

Interest in Acute Medicine

Overall, 22% of those surveyed stated they had some interest in Acute Medicine as a career. After viewing the poster with information on Acute Medicine careers and training, an extra 15% of people who had no previous interest in Acute Medicine agreed they were now more likely to consider it as a potential specialty option.

Discussion

This study aimed to investigate the perceptions and attitudes of junior doctors towards Acute Medicine as a potential career option. Of the 397 responders, 22% stated an interest in Acute Medicine and the majority enjoyed working on the acute medical unit.

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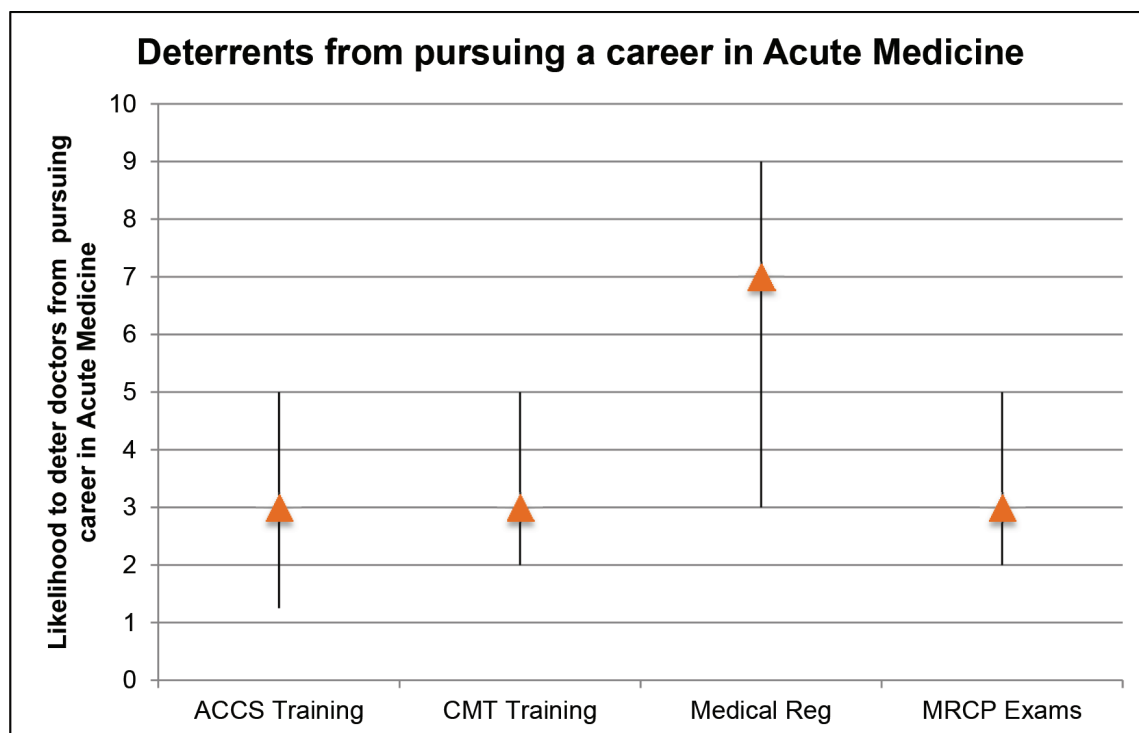


Figure 5. Likelihood of particular features of training deterring doctors from pursuing a career in Acute Medicine. Median responses (orange triangles) with high and low interquartile ranges.

Junior doctors generally perceived themselves to be confident in dealing with acute medical emergencies. Junior doctors were least confident with neurological emergencies and most confident in managing sepsis, consistent with findings in other studies.⁵ Perceived confidence in managing septic patients may be due to the introduction of sepsis 'bundles' in acute medical units across the country and the importance placed on teaching sepsis management in the foundation programme curriculum. Neurological emergencies are often dealt with by senior neurology registrars therefore those junior doctors not receiving rotations in neurology units are less likely to encounter these emergencies and know how to manage these scenarios. We propose that these findings should be considered when developing training rotations and teaching programmes for Acute Medicine trainees.

There was no correlation between perceived confidence scores and interest in pursuing Acute Medicine as a potential career option. Interestingly, of those who stated no interest in Acute Medicine, 82% rated themselves as confident in dealing with medical emergencies. From this study we would conclude that factors other than confidence in acute medical emergencies decide whether juniors pursue a career in Acute Medicine.

Perceptions of the opportunities available to trainees in Acute Medicine were poor, with few doctors having any awareness of the ability to apply for flexible training, out of programme experience or take further qualifications. When the doctors participating in the study were made aware that these options existed, 15% of those who previously

stated little interest in the specialty stated that they were more likely to consider it in the future. This highlights the importance of promoting the specific opportunities within Acute Medicine training to junior doctors at careers events.

There has been much research into the impact of perceptions regarding the medical registrar role on future workforce planning in the UK. The most common reason cited by junior doctors for not wanting to be a medical registrar is the excessive workload.⁶ When F2 doctors were asked if they intended to pursue a career in hospital medicine, only 27% were definite about doing so.⁶ When asked what factors influenced their choice to pursue a career in medicine, the majority (81.4%) felt that the work-life balance as a medical registrar was a deterring factor.

Our data has shown a similar picture with the majority of doctors surveyed stating that having to be a medical registrar would put them off a career in Acute Medicine. Of those who were interested in Acute Medicine as a potential career option, 41% of them were concerned about having to be a medical registrar. In comparison, 65% of those who were not considering a career in Acute Medicine did not want to be a medical registrar (Figure 6). However, the concern about acting as a medical registrar does not appear to be related to confidence in dealing with Acute Medicine emergencies; 60% of those who perceived themselves to be confident in Acute Medicine were deterred from being a medical registrar.

Even more concerning are findings that core medical trainees showed equal levels of concern

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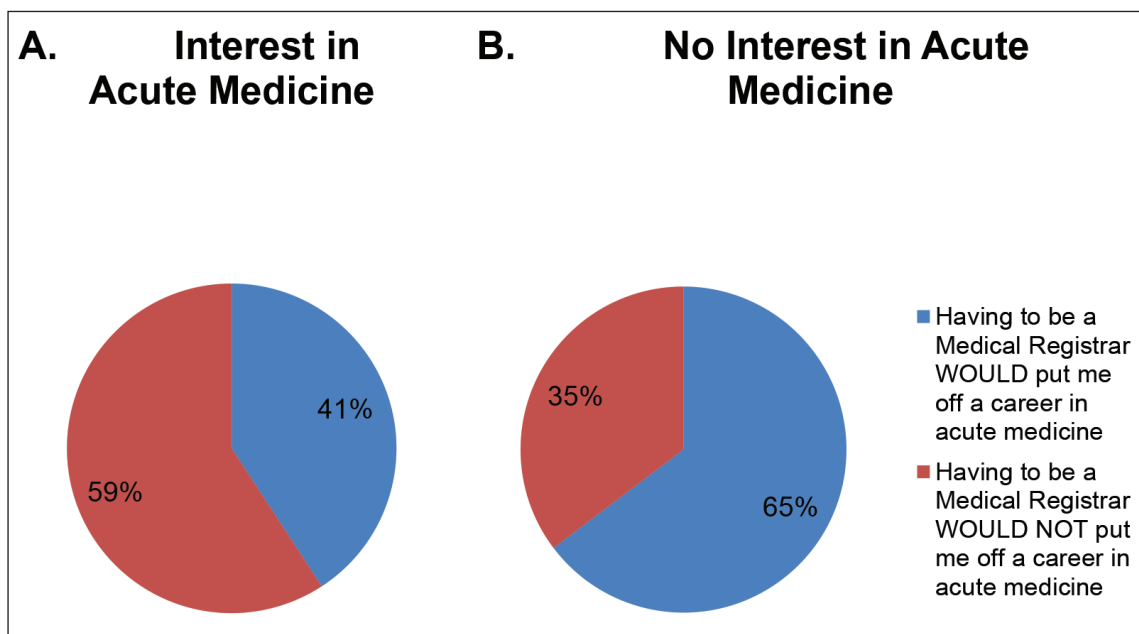


Figure 6. (A) Proportion of people interested in Acute Medicine who are deterred from the career due to the role of the medical registrar. (B) Proportion of people with little or no interest in Acute Medicine who are deterred from the career due to the role of the medical registrar

about assuming the role of the medical registrar as foundation and ACCS doctors, despite having chosen a career in hospital medicine. We postulate this may lead to a reduction in applications to other medical specialties involving acute medical registrar responsibilities. This will present further workforce planning challenges.

As with most research utilising surveys for data collection there are certain limitations to this study. Responder bias is a concern; people with stronger feelings for or against Acute Medicine may have been more attracted to filling out the survey and therefore skewed these results. We invited ACCS trainees in all streams to take part in the survey, which may have affected certain results such as the scores for interest in Acute Medicine. However, we felt it was valuable to understand the perceptions of the specialty from those trainees who still had the ability to convert to Acute Medicine training. On analysing the data further, approximately 50% of the ACCS trainees stated an interest in more than one of the streams, suggesting that many ACCS trainees were yet to make firm decisions on their future career.

In addition, the response rate was only 18.6% from only four of the thirteen deaneries so it is difficult to

generalise these results to the wider population of junior doctors in the UK. However, results were consistent with previous research and we would argue that 397 responses represents a large group of opinion and that the findings of this study deserve consideration. However, it is possible, though not likely, that anti-AM perceptions occur in these deaneries, which are not present elsewhere. It is regrettable that so many deaneries have a policy against surveys, which must limit research into medical practice.

Conclusion

This study reveals a lack of awareness of routes into and training opportunities available in Acute Medicine amongst junior doctors nationwide. Access to, and opportunities in Acute Medicine should be highlighted at career events. We have shown that such promotional work has the ability to improve recruitment into the specialty by approximately 50%. Work on improving perceptions of the role of the medical registrar will be invaluable in future workforce planning.

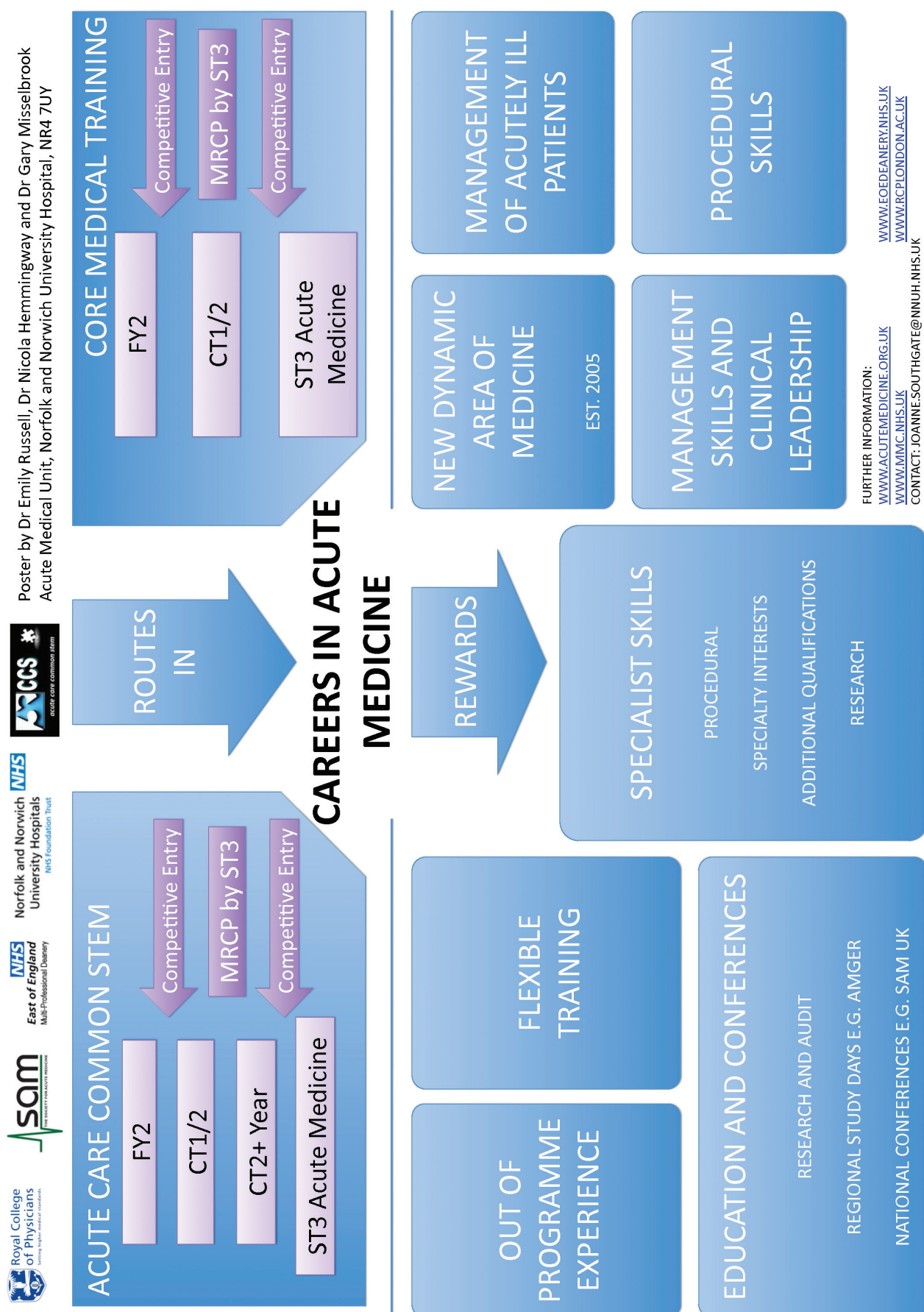
Conflict of interest statement

This study was funded entirely by the authors and they have no conflict of interest with any third party.

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Appendix 1. Careers Poster for Acute Medicine developed at Norfolk and Norwich University Hospital.